

REQUEST FOR VA BILLING
FOR CARE RELATED TO PERSONAL INJURY OR WORKERS COMPENSATION

INSTRUCTIONS - Visit www.va.gov/ogc/collections.asp for the most up to date form prior to use.

1. Complete the information for VA to process your request.

Failure to submit complete information may result in significant delays in processing your request.

Attorney's Letter of Representation. If requested by, or on behalf of, a law firm/lawyer representing a party (includes record retrieval company for a law firm), send a letter of representation with your request.

2. Click Print or Save using the Buttons displayed in Yellow at bottom of second page.

3. Select each VA Hospital that provided or paid for care to see the fax number to send the request.

Select the location(s) where accident-related care was provided from the drop down lists below. Locations listed are the locations of VA Hospitals. If care was provided at a VA clinic or a non-VA provider whose exact location is not listed below, choose the location closest to where the care was provided. If more than three VA Hospitals provided or paid for care, use an additional form. Requests must be faxed or mailed to all VA Hospitals that provided or paid for care in order for VA to produce billing for all related treatment. *If unable to Fax, the mailing address for each location selected will be displayed at bottom of second page.*

Select

Location: Wisconsin - Milwaukee

Fax to: 202-495-6164

VETERAN AND INJURY DESCRIPTION

Veteran's Name (Last, First, Middle Initial)	Pica, Jason
Veteran's Full Social Security Number	██████ 7227
Veteran's Mailing Address	11926 W. Mill Rd. Unit 22 Milwaukee, WI 53051
Veteran's Phone	4142321150
Describe Incident Resulting In Injury (Include Date and Location)	Bending hydraulic hoses to put onto axels when suddenly he couldn't bend it further and his hands went numb and he dropped everything. This happened in Menomonee Falls, WI on 1/4/2016.
Describe IN DETAIL Injuries Sustained / Nature of Disease DESCRIPTION MUST BE SPECIFIC	Both arms, carpal tunnel, nerve damage, bilateral neck
List all <u>VA Facilities</u> Where Related Treatment Was Received	Zablocki VA Medical Center - 5000 W National Ave
If Related Treatment was provided at a <u>Non-VA Facility</u> , List all non-VA Providers	Orthopedic Hospital of WI, Froedtert & MCW, Fall Chiropractic, Dr. Dai Acupuncture
Is Treatment Complete?	continuing pain management with MCW
If No, Describe Nature and Location of Ongoing Treatment	
Name of Veteran's Attorney	Alex Eichhorn
Veteran's Attorney's Phone	4143514400
Veteran's Attorney's Mailing Address	Tabak Law LLC 6045 N Green Bay Ave. Glendale, WI 53209
Veteran's Attorney's Email Address	jelayna@tabakattorneys.com
Veteran's Attorney's Fax	8002459879

VETERAN'S INSURANCE - USE MULTIPLE SHEETS FOR MORE THAN ONE INSURER

Identify Applicable Insurers & Type <i>Examples: No Fault Insurance, Medical Payments from Veteran's Liability Insurance, Under-/Un- insured Motorist Insurance</i>	Through the VA
Insurer's Mailing Address	
Insurer's Phone	
Insurer's Fax	
Insurer's Email	
Insurance Adjuster and Claim#	
Insurance POLICY LIMITS Description	

RESPONSIBLE PARTY (DEFENDANT) - USE MULTIPLE SHEETS FOR MORE THAN ONE PARTY

Name and contact information for Tortfeasor / Employer if Workers Compensation	Wacker Neuson America Corporation
Name and contact information for Attorney representing Tortfeasor / Employer if Workers Compensation	
Identify Tortfeasor/Workers' Compensation Insurer	Gallagher Bassett
Insurer's Mailing Address	115 S 84th St #215 Milwaukee, WI 53214
Insurer's Phone	8003450194
Insurer's Email	
Insurer's Fax	
Insurance Adjuster and Claim #	Marion Sipos Claim # 000696-175311-wc-01
Insurance POLICY LIMITS Description	
<i>Only if Workers' Compensation:</i> Name, Address, and Reference # for Workers' Compensation Board/Commission	

If unable to fax to 202-495-6164, mail to:
ATTN: Facility Revenue Bldg 70E Room
122C
5000 W. National Ave.
Milwaukee WI 53295

Privacy Act: The authority for collection of the requested information is found within the following: 38 USC 501, 38 CFR 1.900 et. Seq.; 42 USC 2651-2653; 38 USC 1729; 28 CFR 43.2; and E.O. 9397. The purpose of collecting this information is to provide basic information from which potential liability can be assessed for VA to recover the cost of care from the liable party instead of the American taxpayer and Veteran paying for the care. Failure to provide any or all of the requested information may delay or result in VA's inability to create accident-related billing, assert a claim for reimbursement, and assist the Veteran in their personal injury or workers compensation claim. Without a third party paying for the care, the Veteran may owe VA copayments. Information on this form will become part of a system of records which complies with the Privacy Act of 1974. This system is identified as "Revenue Program Billing and Collections Records-VA (114VA16)" as set forth in the Compilation of Privacy Act Issuances via online GPO access. Assurances of privacy for information on this form which is covered under 38 USC 7332 are contained in the following:

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Reset Form

Save

Print

11/04/2021 11:27AM (GMT-04:00)

6045 N Green Bay Ave
Glendale, WI 53209
www.tabakattorneys.com



P: 414-351-4400
F: 800-245-9879
E: info@tabakattorneys.com

November 4, 2021

VA Milwaukee - Billing
Attn: Release of Information
Fax: 202-495-6164

Re: Jason Pica
Social Security Number: [REDACTED] 7227
Date of Birth: [REDACTED] 971
Records Needed From: 1/1/2016 To: 11/4/2021

Dear Sir or Madam:

We represent Jason Pica in a claim for workers' compensation benefits.

Please fax to my office a copy of an **itemized billing statement (please include a TX inquiry)** showing all charges incurred, any payments made and who made each payment for the above mentioned dates. The Industrial Commission is now requiring us to provide this information with any future settlement. This will also help us to ensure that your office has been properly paid for all services rendered.

It is preferred that you **provide the record copies in PDF format on a CD**, per the requirements of 45 C.F.R. § 164.524(c)(2)(ii). As I am sure you are aware 45 C.F.R. § 164.524(c)(2)&(4) limit the cost of obtaining electronic medical records to the actual labor costs for reproducing them in the requested electronic format, the actual cost of the portable media (in this case, the CD) and postage. Costs for copying medical records in workers' compensation claims are controlled by Wis. Stat. section 102.13(2)(b), and **cannot exceed the greater of 45 cents per page or \$7.50 per request plus actual postage costs and is capped at \$26.00 per request per if delivered electronically.**

Thank you for your compliance with this request within 30 days of your receipt of this letter, as required by 45 C.F.R. § 164.524(b)(2)(i).

Very truly yours,
TABAK LAW, LLC

Alex Eichhorn, Esq.
AEE/jc

Enclosure(s)